Image# 11972036833 PAGE 1 / 15

## **FEC** FORM 3X

# REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than An Aut	norizea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
ORRINPAC			
ADDRESS (number and street)	175 S. WEST TEMPLE, SU	ITE 650	<u> </u>
Check if different than previously reported. (ACC)	SALT LAKE CITY		UT 84101 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	TY ▲	STATE ▲ ZIP CODE ▲
C C00235572		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (continuous)  July 15 Quarterly Report (continuous)  Quarterly Report (continuous)  January 31 Year-End Report (continuous)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	Report Due On:  Mar  Apr  Q1)  (c) 12-Day PRE-Election Report for the:  Q3)  YE)  (d) 30-Day POST-Election Report for the:	General (30G)	Sep 20 (M9)  Sep 20 (M9)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 1	0 01 / 2011	through 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined to	•	my knowledge and belief it is	true, correct and complete.
Signature of Treasurer STA	NLEY R. DE WAAL	[Electronically Filed]	Date 11 / 17 / 2011
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **ORRINPAC** 10 2011 10 2011 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 96358.87 January 1, 2011 (b) Cash on Hand at 98100.10 Beginning of Reporting Period..... 135818.01 30068.01 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 128168.11 232176.88 6(a) and 6(c) for Column B)..... 22387.41 126396.18 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 105780.70 105780.70 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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( )	ĸ	~	IN	$\mathbf{r}$	Д	C

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	5000.00	FF00 00
(i) Itemized (use Schedule A)	5000.00	5500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	5000.00	5500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	25068.01	130318.01
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	30068.01	135818.01
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	S	
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
(b) Lovin Funds (from Cobstitle US)	0.00	0.00
(b) Levin Funds (from Schedule H5)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
		7
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	30068.01	135818.01
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	30068.01	135818.01

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O	perating Expenditures: a) Allocated Federal/Non-Federal	10441 11101 01104	Culcinda Teal-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal Share	7	
	(ii) Non-Federal Share	0.00	0.00
(t	o) Other Federal Operating		
	Expenditures	14387.41	74796.18
(0	, 1 3 1		
	(add 21(a)(i), (a)(ii), and (b))▶	14387.41	74796.18
	ransfers to Affiliated/Other Party	0.00	0.00
. C	ommitteesontributions to	0.00	0.00
	ederal Candidates/Committees nd Other Political Committees	5000.00	47000.00
	ndependent Expenditures	7	
(ι	use Schedule E)	0.00	0.00
. С	oordinated Party Expenditures		
(ί	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
		0.00	0.00
. L	oan Repayments Made	0.00	0.00
	oone Made	0.00	0.00
	oans Madeefunds of Contributions To:	0.00	3.00
(8	a) Individuals/Persons Other Than Political Committees	0.00	0.00
	Than I ollidar committeed	7 7	
(k	o) Political Party Committees	0.00	0.00
(0			
	(such as PACs)	0.00	0.00
(0	d) Total Contribution Refunds		
(0	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(add 2.1100 20(a), (b), and (0),	7	7
. О	ther Disbursements	3000.00	4600.00
		7	
F	ederal Election Activity (2 U.S.C. §431(20))		
(8	a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) III aviali Chara	0.00	0.00
<b>/</b> k	(ii) "Levin" Share b) Federal Election Activity Paid Entirely	3.00	
(t	With Federal Funds	0.00	0.00
(0			
,-	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	22387.41	126396.18
		7	
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	00007.44	400000 40
fr	om Line 31)	22387.41	126396.18

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	30068.01	135818.01
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30068.01	135818.01
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	14387.41	74796.18
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	14387.41	74796.18

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	:	PAGE		6	OF	1	5
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
zotanou oummary r ago		13		14		15		16	Г	71	7

	Statements may not be sold or used by any pers ie name and address of any political committee to	
NAME OF COMMITTEE (In Full) ORRINPAC		
Full Name (Last, First, Middle Initial)  RICHARD M. BRACKEN  Mailing Address 920 TYNE BLVD  City  NASHVILLE  FEC ID number of contributing federal political committee.  Name of Employer  HCA, Inc.  Receipt For:  Primary  Other (specify)	State Zip Code TN 37220  C  Occupation HEALTHCARE EXEC.  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 18 2011  Transaction ID: 11018.C4000  Amount of Each Receipt this Period  1000.00  Receipt
Full Name (Last, First, Middle Initial)  VICTOR L. CAMPBELL  Mailing Address 1307 CHICKERING RD  City  NASHVILLE  FEC ID number of contributing	State Zip Code TN 37215-4521	Date of Receipt  10 18 2011  Transaction ID : 11018.C4001  Amount of Each Receipt this Period
federal political committee.  Name of Employer HCA, Inc.  Receipt For:  Primary General Other (specify) ▼	Occupation SENIOR VICE PRESIDENT  Aggregate Year-to-Date ▼  1000.00	Receipt
Full Name (Last, First, Middle Initial)  R. MILTON JOHNSON  Mailing Address 5012 HILL PACE DR  City  NASHVILLE  FEC ID number of contributing federal political committee.  Name of Employer  HCA, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37206  C  Occupation PRESIDENT  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 18 2011  Transaction ID: 11116.C4003  Amount of Each Receipt this Period  1000.00  Receipt
SUBTOTAL of Receipts This Page (optional)	<u> </u>	3000.00
TOTAL This Period (last page this line number	r only)	

## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOF	R LINE	NU	<b>MBER</b>	:	PAGE		7	OF	1	5
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
		13		14		15		16		1	7

		atements may not be sold or used by any personame and address of any political committee to	
	NAME OF COMMITTEE (In Full) ORRINPAC		
Α.	Mailing Address ONE AMERICAN CENTER  3100 WEST END AVE, STE 90 City  NASHVILLE  FEC ID number of contributing federal political committee.  Name of Employer  Voluntary Employee Benefit Adv  Receipt For:  Primary General Other (specify)	State Zip Code TN 37203  C  Occupation  EXECUTIVE  Aggregate Year-to-Date   1000.00	Date of Receipt  10 18 2011  Transaction ID: 11116.C4002  Amount of Each Receipt this Period  1000.00  Receipt
В.	Full Name (Last, First, Middle Initial) R. PARKER SHERRILL  Mailing Address 713 VAIL CT  City  NASHVILLE  FEC ID number of contributing federal political committee.  Name of Employer HCA, Inc.  Receipt For:  Primary General Other (specify)   City  First Middle Initial)	State Zip Code TN 37215-1849  C  Occupation Goverment Affairs  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 18 2011  Transaction ID: 11116.C4004  Amount of Each Receipt this Period  1000.00  Receipt
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)  Other (specify)	State Zip Code  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)		2000.00
T	<b>TOTAL</b> This Period (last page this line number of	only)	5000.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 15 (check only one)					
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)								
Full Name (Last, First, Middle Initial) A AETNA INC. PAC			Date of Receipt					
Mailing Address 151 FARMINGTON AVE RV	V61		10 05 2011					
City HARTFORD	State CT	Zip Code 06156	Transaction ID : 11018.C3992  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C coo	181826	2000.00					
Name of Employer	Occupation		Receipt					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00						
Full Name (Last, First, Middle Initial)  B. EXPRESS SCRIPTS INC. PAC			Date of Receipt					
Mailing Address ONE EXPRESS WAY			10 25 _ 2011 _					
City SAINT LOUIS	State MO	Zip Code 63121	Transaction ID : 11116.C4005  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		365072	5000.00 Receipt					
Name of Employer	Occupation							
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 5000.00						
Full Name (Last, First, Middle Initial)  C. HATCH VICTORY COMMITTEE			Date of Receipt					
Mailing Address 228 S. WASHINGTON ST,	#115		10 05 2011					
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : 11018.C3993  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C coo	495564	16068.01					
Name of Employer	Occupation		Receipt					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 16068.01						
SUBTOTAL of Receipts This Page (optional)			23068.01					

TOTAL This Period (last page this line number only).....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF 15				
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)				
•••	LIMIZED RECEIP 13		Detailed Summary Page	11a 11b X 11c 12				
				13 14 15 16 17				
	ny information copied from such Reports and Stator commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) ORRINPAC							
<u>.</u> А.	Full Name (Last, First, Middle Initial) HCA GOOD GOVERNMENT FUND			Date of Receipt				
Λ.	Mailing Address ONE PARK PLAZA, P.O. BOX	550		M = M / D = D / Y = Y = Y				
	City	State	Zip Code	10 18 2011 Transaction ID : 11018.C3999				
	NASHVILLE	TN	37202-0550	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0067231	2000.00				
	Name of Employer	Occupation	1	Receipt				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Primary General  Other (specify) ▼		4500.00					
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt				
٠.	Mailing Address	M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	Occupation	1	_				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼					
_	Full Name (Last, First, Middle Initial)							
C.	Mailing Address			Date of Receipt				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer		ı					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼					
s	SUBTOTAL of Receipts This Page (optional)			2000.00				

TOTAL This Period (last page this line number only).....

25068.01

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  ANAME OF COMMITTEE (in Full)  ORRINPAC  Full Name (Last, First, Middle Initial)  A. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code LAS VEGAS NV 89137-  Purpose of Disbursement Pac fundraiser consulting  Candidate Name  Office Sought: House Disbursement For:  Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code LAS VEGAS NV 89137-  Purpose of Disbursement this Period  Category/ Type  PAC FUNDRAISER CONSULTING  PAC FUNDRAISER CONSULTING  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Transaction ID : 11117.E2335  Transaction ID : 11117.E2335  Amount of Each Disbursement this Period  Type Type Type Type Type Type Type Type	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 15				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  ORRINPAC  Full Name (Last, First, Middle Initial)  A. Autumn E-Media  Mailing Address PO Box 371553  City  State  President  Disbursement For:  President  President  President  President  President  Disbursement For:  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Mailing Address PO Box 371553  City  State:  Disbursement For:  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Mailing Address PO Box 371553  City  State:  Disbursement For:  President  Disbursement For:  President  Disbursement	ITEMIZED DISBURSEMENTS		(Criccit offi	(check only one)			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  ORRINPAC  Full Name (Last, First, Middle Initial)  A. Autumn E-Media  Mailing Address PO Box 371553  City State Zp Code NV 89137.  Purpose of Disbursement Pac fundraiser consulting  Candidate Name  Category/ Type  President Other (specify) ▼  State: Disbursement For:  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Mailing Address PO Box 371553  City State: Zp Code NV 89137.  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Mailing Address PO Box 371553  City State: Zp Code NV 89137.  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Date of Disbursement Pac fundraiser consulting  Candidate Name  Category/ Type  Office Sought: House Sanate Primary General Primary General Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Full Name (Last, First, Middle Initial)  Date of Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Sanate Primary General Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Full Name (Last, First, Middle Initial)  Date of Disbursement Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Full Name (Last, First, Middle Initial)  Category/ Type  Full Name (Last, First, Middle Initial)  Date of Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Full Name (Last, First, Middle Initial)  Category/ Type  Full Name (Last, First, Middle Initial)  Date of Disbursement Buttle Primary General Disbursement For:  Full Name (Last, First, Middle Initial)  Date of Disbursement Buttle Primary General Disbursement For:  Full Name (Last, First, Middle Initial)  Date of Disbursement Buttle Primary General Disbursement Buttle Primary Genera							
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) ORRINPAC  Full Name (Last, First, Middle Initial)  A. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code NV 89137- Purpose of Disbursement Porturbaliser consulting Candidate Name  Callegory/ Type  President  State: Disbursement For:  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code NV 89137-  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code NV 89137-  Purpose of Disbursement  Pac fundates consulting  Candidate Name  Category/ Type  Office Sought: House President  State: Disbursement For:  Full Name (Last, First, Middle Initial)  Cardidate Name  Category/ Type  Office Sought: House President  State: Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House President  State: Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Transaction ID: 11117,E2335  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: 11117,E2344  Amount of Each Disbursement  Legal fees  Candidate Name  Oither (specify) ▼  State Zip Code WASHINGTON DC 20036-  Purpose of Disbursement  Legal fees  Candidate Name  Oither (specify) ▼  State Zip Code WASHINGTON DC 20036-  Purpose of Disbursement  Legal fees  Sanata  Disbursement For:  Office Sought: House President  Disbursement For:  Office Sought: House President  Disbursement For:  Office Sought: House President  Disbursement For:  Category/ Type  Transaction ID: 11117,E2344  Amount of Each Disbursement  Legal fees  LEGAL FEES	[						
ORRINPAC  Full Name (Last, First, Middle Initial)  A. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code NV 89137- Purpose of Disbursement Pact fundraliser consulting  Candidate Name  Office Sought: House President Purpose of Disbursement For: Senate NV 88137- Purpose of Disbursement Provided Initial Initial Provided Initial Provided Initial Initial Provided Initial							
Full Name (Last, First, Middle Initial)  A. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code NV 89137.  Purpose of Disbursement Pact fundraiser consulting  Candidate Name  Office Sought: House Disbursement Primary General President State: District:  Full Name (Last, First, Middle Initial)  B. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code NV 89137.  President Disbursement For: Senate NV 89137.  City State Zip Code NV 89137.  City State NV 89137.  City State Zip Code NV 89137.  Coffice Sought: House Disbursement For: Senate President Other (specify) ▼  Category' Type  Office Sought: House Disbursement For: Senate President Other (specify) ▼  Category' Type  Office Sought: House Disbursement For: Senate President District:  Full Name (Last, First, Middle Initial)  C. WILLIAM B. CANFIELD  Mailing Address 1900 M STREET, NW, STE 500  City State: District:  Full Name (Last, First, Middle Initial)  C. WILLIAM B. CANFIELD  Mailing Address 1900 M STREET, NW, STE 500  City State: District:  Full Name (Last, First, Middle Initial)  C. WILLIAM B. CANFIELD  Mailing Address 1900 M STREET, NW, STE 500  City State: District:  Full Name (Last, First, Middle Initial)  C. WILLIAM B. CANFIELD  Mailing Address 1900 M STREET, NW, STE 500  City State Zip Code Number Office Sought: President State Zip Code	NAME OF COMMITTEE (In Full)						
A. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code NV 89137- Purpose of Disbursement Pact fundralser consulting Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   President   State:   District:   Primary   General   Purpose of Disbursement For:   Senate   Primary   General   President   State:   District:   Primary   General   Purpose of Disbursement For:   Senate   Primary   General   President   State:   District:   Primary   General   President   State:   District:   Primary   General   President   Senate   Primary   General   President   Senate   Primary   General   President   Senate   Primary   General   President   Senate   Primary   General   President   State:   District:   Primary   General   Purpose of Disbursement   General   President   State:   District:   Primary   General   Purpose of Disbursement   General   Purpose of Disbursement   General   President   General   Primary   General   Purpose of Disbursement   General	│						
A. Autumn E-Media  Mailing Address PO Box 371553  City State Zip Code NV 89137- Purpose of Disbursement Pact fundralser consulting Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   President   State:   District:   Primary   General   Purpose of Disbursement For:   Senate   Primary   General   President   State:   District:   Primary   General   Purpose of Disbursement For:   Senate   Primary   General   President   State:   District:   Primary   General   President   State:   District:   Primary   General   President   Senate   Primary   General   President   Senate   Primary   General   President   Senate   Primary   General   President   Senate   Primary   General   President   State:   District:   Primary   General   Purpose of Disbursement   General   President   State:   District:   Primary   General   Purpose of Disbursement   General   Purpose of Disbursement   General   President   General   Primary   General   Purpose of Disbursement   General	Full Name (Last First Middle Initial)			Ī			
Mailing Address PO Box 371553  City State Zip Code NV 89137-  Prupose of Disbursement Pac fundratiser consulting  Candidate Name  Office Sought: House Senate Persident Disbursement For: Persident State: District:  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Mid	A. Autumn E-Media			Date of Disbu	rsement		
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CBIZ MHM, LLC			Date of Disburseme	/ Y   Y   Y   Y				
Mailing Address 175 SOUTH WEST TEMPLE, SUIT	TE 650		10 03	2011				
SALT LAKE CITY	State Zip Code UT 84101-		Transaction ID : 1	1117.E2336				
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Candidate Name		Category/ Type		2598.81				
President	ment For: Primary General Other (specify) ▼		ACCOUNTING FEE	S				
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3. NORTH CAPITOL STREET ENTE	RPRISES		Date of Disburseme	ent				
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Mailing Address 400 N. CAPITOL ST, NW, STE 588	5		10 / 11	2011				
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В	Full Name (Last, First, Middle Initial) RootsHQ, LLC				Date of	Disburse	ement		
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	Mailing Address 211 7th Avenue North Suite LL-15				10		03	2011	
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	Mailing Address 211 7th Avenue North				10		1	2011	
	Suite LL-15 City S	State	Zip Code						
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Full Name (Last, First, Middle Initial)  A. ZIONS BANK			Date of Disbursen	nent		
Mailing Address 310 SOUTH MAIN ST			10 11 2011			
City S SALT LAKE CITY	Transaction ID: 11117.E2345					
Purpose of Disbursement Merchant account fees			Amount of Each D	Disbursement this Period		
Candidate Name		Category/ Type		43.95		
President	nent For:  Primary General  Other (specify) ▼		MERCHANT ACCO	DUNT FEES		
State: District:  Full Name (Last, First, Middle Initial)  B.			Date of Disbursen	nent		
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Candidate Name		Category/ Type				
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	nent For: Primary General Other (specify)		,			
SUBTOTAL of Disbursements This Page (optional)				43.95		
TOTAL This Period (last page this line number only)				14387.41		

Any information copied from such Reports and Statements may regis	SCHEDULE B (FEC Form 3X)	Han concrete astro-total	FOR LINE I	-	PAGE 14 OF 15	
Detailed Surmary Page 27 28 20 20 20 20 20 30  Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of saliciting contributions for of commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  ORRINPAC  Full Name (Last, Fist, Middle Initial)  A. Friends Of Shurtleff  Mailing Address 190 Wost 800 North Ste 190  City State Zip Code Propose of Disbursement Contributions  Contribution  Candidate Name  District:  District:  Full Name (Last, Fist, Middle Initial)  3. Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2012  Senate President State: District:  Full Name (Last, Fist, Middle Initial)  Amount of Each Disbursement this Period  Category' Type  Office Sought: House Disbursement For: 2012  Contribution  Candidate Name  Office Sought: House Disbursement For: 2012  Senate President State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category' Type  Office Sought: House Disbursement For: 2012  Category' Type  Office Sought: House Disbursement For: 2012  Candidate Name  Candidate N	ITEMIZED DISBURSEMENTS	for each category of the	I ' — '	,	13	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME of CoMMITTEE (in Full)  ORRINPAC  Full Name (Last, First, Middle Initial)  A Friends Of Shurtleff  Malling Address 190 West 800 North Ste 100  City State Zip Code PROVO UT 84801-  Purpose of Disbursement  Contribution  Candidate Name  Cotegory' Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2012  Condidate Name  Office Sought: House Disbursement For: 2012  Category' Type  Office Sought: House Disbursement For: 2012  Category' Type  Office Sought: House Disbursement For: 2012  Category' Type  Date of Disbursement this Period  Category' Type  Office Sought: House Disbursement For: 2012  State: District: House Disbursement For: 2012  Condidate Name  Category' Type  Office Sought: House Disbursement For: 2012  State: District: House Disbursement For: 2012  Condidate Name  Category' Type  Office Sought: House Disbursement For: 2012  State: District: House Disbursement For: 2012  Condidate Name  Category' Type  Office Sought: House Disbursement For: 2012  State: District: House Disbursement For: 2012  Condidate Name  Category' Type  Office Sought: House Disbursement For: 2012  Condidate Name  Category' Type  Office Sought: House Disbursement For: 2012  Condidate Name  Category' Type  Office Sought: House Disbursement For: 2012  Condidate Name  Category' Type  Office Sought: House Disbursement For: 2012  Condidate Name  Cat						
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SCHEDULE B (FEC Form 3X)	Has seements at 1 1 1 1 1	FOR LINE	NUMBER:	PAGE 15 OF 15	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orling			
	Detailed Summary Page	21b 27	22 23 28b	$ \begin{array}{c ccccc} 24 & 25 & 26 \\ 28c & 29 & 301 \end{array} $	
Any information copied from such Reports and Statem				soliciting contributions	
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and address of any polition	cai committee to	SOLICIT CONTRIBUTIONS 1	TOTT SUCTI COMMITTEE.	
ORRINPAC					
Full Name (Last, First, Middle Initial)			Date of Disbursem	nent .	
A. Mark Madsen For State Senate			Date of Disbursem		
Mailing Address Po Box 572	10 28				
City	Transaction ID : 11117.E2338				
LEHI Purpose of Disbursement	UT 84043-				
CONTRIBUTION TO STATE CANDIDATE			Amount of Each D	Disbursement this Period	
Candidate Name		Category/		3000.00	
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SUBTOTAL of Disbursements This Page (optional)				3000.00	
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